



IN REPLY REFER TO:

United States Department of the Interior

NATIONAL PARK SERVICE
Mojave National Preserve
2701 Barstow Road
Barstow, California 92311

APPLICATION REQUIREMENTS FOR A SPECIAL PARK USE PERMIT FOR FILMING/PHOTOGRAPHY

In response to your inquiry concerning Special Park Use, enclosed is a Special Park Use Application Worksheet for you to complete and return to us. It is important that the worksheet be as detailed as possible concerning your proposed activity. For example, we must know where you propose to conduct your activity or, event; the number of participants; what type of equipment you will use; *and* any special effects you may wish to use. Please allow a **minimum of 21 business days** for processing.

If you are not familiar with the area, it is advisable to make an advance-scouting trip for routes and/or locations. You will not be permitted to arrive and then select routes/locations on the day of the event.

For guided tours, sporting events or other organized gatherings, you will need to attach a copy of advertisements, flyers, brochures, and all information sent to participants.

The information on the worksheet will be utilized by the National Park Service (NPS) staff to evaluate the impact of your activity on park resources and visitors, the appropriate type of permit, and any additional fees required. It may require-several weeks to review your request and render a decision.

A non-refundable \$100 application fee is required from all applicants, regardless of whether or not the permit is issued. This payment must accompany the permit worksheet. Please make your payment out to **National Park Service.**

The NPS has the authority to collect or recover from Special Park Use Permittees any or all of the costs associated with the special use activities. If the permit application is approved, an administrative processing fee (\$155.00) and monitoring fees (minimum of two hours at \$50.00/hour, or \$65.00/hour for overtime rates) may be charged to the permittee. Location fees will be charged based on the number of people and number of days involved.

The sole exception to location fees is as follows:

"Commercial videographers, cinematographers, or sound recording crews of up to two people with only minimal equipment (i.e., one camera and one tripod) working in areas open to the public are required to obtain a commercial filming permit and are subject to appropriate permit terms and conditions and cost recovery charges but are not subject to location fees."

If your request is approved a Certificate of Insurance will be required showing that you have general liability insurance coverage of \$1,000,000. This certificate must name the **United States Government /National Park Service/Mojave National Preserve** as "additional insured". Other coverage limits may be required based on the requested activity. If required, we will need an **original** certificate of insurance for our files. The permittee's name must be on the Certificate Insurance. A performance bond (cash or cashier's check) may also be required. The amount of the bond will be determined from the information provided on the worksheet. This bond will be returned to you upon completion of your activity if all stipulations have been met and park resources have not been damaged.

Please submit the enclosed Application Worksheet and your permit processing fee (payable to the National Park Service) via US Mail, UPS or Federal Express to the address below. You may email or FAX the worksheet, with the original signed application worksheet and application fee to follow.

National Park Service, Mojave National Preserve
Attention: Special Use Permits
2701 Barstow Road
Barstow, CA 92311

tel: (760) 252-6107
fax: (760) 252-6174
email: moja_sup@nps.gov

(NPS Form 10-932)
(OMB No. 1024-0026)
(NEW 10/00)
(Expires 3/31/2010)

National Park Service
Mojave National Preserve
2701 Barstow Road, Barstow, CA 92311
(760) 252-6107



**Application for Commercial Filming/Still Photography Permit—
Long Form**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow **AT LEAST** four (4) business days for processing. A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges, a location fee, and proof of liability insurance naming the United States as also insured.

Applicant:	Company:
Social Security #:	Tax ID #:
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax #:
E-mail:	E-mail:

Project name:	Producer:
Location manager:	Photographer:
Telephone #:	Director:
Cell phone #:	Insurance company:
E-mail:	

TYPE OF PROJECT: ☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock photo/video/film
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial
☐ Music Video ☐ Infomercial ☐ Industrial ☐ Public Service Announcement
☐ Other, explain _____

Will there be sound recording ☐ Yes ☐ No

Night work: ☐ No ☐ Yes, explain

Detailed description of on-site activities _____

Talent comprise anyone in front of the camera and includes, but is not limited to, actors, hosts, correspondents, presenters, park visitors, cooperators, volunteers, National Park Service and concessioner staff, etc.

Do you intend to utilize talent? ☐ Yes ☐ No

If yes, provide a full description of who they are and how they will be utilized:

LOCATION SCHEDULE:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM PREP	STRIKE	# of cast & crew*	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***number in this column should include all individuals present at the location**

How will individuals with access to the site be identified? (Identification tags are recommended.)

Electrical needs, explain _____ Generator: ☐ No ☐ Yes, size _____

Lighting: ☐ None ☐ Reflectors only ☐ Yes (explain) _____

Road Use: _____ Date/time: _____

☐ Closure requested

☐ Running shots ☐ Driving shots ☐ Drive-bys ☐ Tow shots ☐ Drive-ups & Away ☐ Wet down road

☐ Camera/Equipment on Road Shoulder ☐ Camera/Equipment on median ☐ Other (explain)

OPERATIONAL INFORMATION:

Vehicles:

Personal Cars _____ Large Trucks _____ Other Trucks _____ Vans _____ Motor homes _____

Semi-Tractor Trailers _____ Camera Car _____ Picture Cars _____ Dressing Rooms _____

Other Vehicles (explain) _____

Large or oversized vehicles may not be able to be accommodated or additional steps may need to be taken to ensure that no damage to park resource occurs.

Vehicles or to be parked on or need access to park property (attach additional sheets if necessary):

MAKE	MODEL	COLOR	STATE	LICENSE PLATE #

Base Camp location (attach diagram if necessary: _____

CATERING INFORMATION

Catering Co. Name _____ Phone Number _____

On-site Manager _____ Food License Information: _____

Equipment: _____

SPECIAL ACTIVITIES:

Children: ☐ None ☐ Yes # of Children _____ Age Range _____

Animals: ☐ None ☐ Yes (explain)

Trainer Name: _____ Phone #: _____

Aircraft: ☐ No ☐ Yes (explain)

Special Effects: (identify)

Effects Technician Name: _____ Phone # _____

License # (if applicable) _____ Permit # (if applicable) _____

Stunts: (explain)

Coordinator _____ Phone # _____

Any other unusual or hazardous activities? explain

Are you familiar with/ have you visited the requested area?

☐ Y ☐ N

Have you obtained a permit from the National Park Service in the past?

☐ Y ☐ N

(If yes, provide a list of permit dates and locations on a separate page.)

Do you plan to advertise or issue a press release before the event?

☐ Y ☐ N

ATTACH ADDITIONAL PAGES FOR INFORMATION NEEDED TO EVALUATE YOUR PERMIT REQUEST INCLUDING: set construction, parking, sanitary facilities, crowd control, emergency medical plan, off-road activity, trail use, or use of any building and site clean up. Include a proposed Site Plan(s).

CONTACTS:

Person on location responsible for company's adherence to all terms & conditions of a Film Permit:

Name: _____ Title: _____ Phone: _____

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:

Name: _____ Title: _____ Phone: _____

I hereby state that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/production company and the project described above.

Signature _____ **Title** _____ **Date** _____

Company Name _____

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check, money order, or personal check in the amount of \$100.00 made payable to **National Park Service**. Credit card payments are accepted; see attached form. Application and administrative charges are non-refundable. *This completed application should be mailed to **Attention: Special Park Uses Coordinator** at the address found at the top of this application.*

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2465), Washington, D.C. 20240.

US DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
MOJAVE NATIONAL PRESERVE
2701 BARSTOW ROAD, BARSTOW, CA 92311
fax: (760) 252-6174, telephone: (760) 252-6107

CREDIT CARD PAYMENT FORM

This National Park Service invoice may be charged to your VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVERY, or paid with check or other negotiable instrument. This form must be submitted by mail, email or fax to the address above.

Name as it appears on card: _____

Mailing Address: _____

CITY STATE ZIP CODE COUNTRY

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE (circle one): VISA MASTERCARD AMERICAN EXPRESS DISCOVERY

Expiration Date: _____

Amount Authorized: \$ _____ Date: _____
(USD)

Telephone: _____

Signature: _____

TITLE 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to provide any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

OFFICE USE ONLY

Mojave National Preserve Account Number: _____

Mojave National Preserve Reference Number: _____

Items or Services: _____

Receiving Official: _____

SIGNATURE

PRINTED NAME